

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 153264**

1. Entity Name

RIVERSIDE ELECTRIC COMPANY

Principal Place of Business

**1744 W FLAGLER ST
MIAMI FL 33135**

Mailing Address

**1744 W FLAGLER ST
MIAMI FL 33135**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0694705

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**IRVIN, E MILNER, III
1201 SOROLLA AVE
CORAL GABLES FL 33134**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | IRVIN, E MILNER III | |
| STREET ADDRESS | 1201 SOROLLA AVE | |
| CITY-ST-ZIP | CORAL GBALES FL | |

| | | |
|----------------|----------------|---------------------------------|
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | IRVIN, RICHARD | |
| STREET ADDRESS | 625 SW 22ND RD | |
| CITY-ST-ZIP | MIAMI FL | |

| | | |
|----------------|-------------------|---------------------------------|
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | IRVIN,VIVIAN | |
| STREET ADDRESS | 1870 ONAWAY DRIVE | |
| CITY-ST-ZIP | MIAMI FL | |

| | | |
|----------------|------------------|---------------------------------|
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | IRVIN,RICHARD | |
| STREET ADDRESS | 625 S.W. 22 ROAD | |
| CITY-ST-ZIP | MIAMI FL | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**FILED**
Aug 31, 2001 8:00 am
Secretary of State

08-31-2001 90238 013 ***150.00



DO NOT WRITE IN THIS SPACE

0039274 AV

CR2E034 (5/01)

8/24/01

305-642-3520



RIVERSIDE ELECTRIC COMPANY

1744 WEST FLAGLER STREET, MIAMI, FLORIDA 33135 TELEPHONE (305) 642-3520

*Attachment
#153504
A082088*

August 17, 2001

Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

Re: 2001 Uniform Business Report (UBR)
Document #153264 Riverside Electric Company

Dear Sir,

Please find enclosed a check for the amount of one hundred and fifty dollars.
We feel that we shouldn't have to pay the penalty because we never received
the first invoice.

Please call if you have any questions or concerns.

Sincerely,

Milner E. Irvin,
President